

MEDICAL STUDENTS SPEAK

Can we make our hospitals more patient-friendly?

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Reports of violent conflicts between patients or patients' families and hospital staff have increased substantially in recent times (1). We need procedures in place to minimise the scope for such friction and enable proper resolution of any conflicts that might develop despite such systems.

When patients along with their relatives visit hospitals they are already under stress regarding their existing health problems. It is only natural for them to have many questions about the nature of their ailment, its prognosis, any tests that may be carried out on them, the expenditure that they may have to manage, the period of hospital stay, and so on.

However, from the moment they enter the hospital premises, patients and their relatives must deal with dozens of people in the course of diagnosis and treatment. Unlettered users coming from rural or semi-urban areas have difficulty in finding the right ward/counter. It is the moral obligation of the hospital staff to deal with patients and their relatives in a sympathetic manner and help them in their hour of distress.

Good doctor-patient communication is not only vital for effective care but also helps in understanding patient needs and evokes the patient's respect for the provider's integrity. These are important aspects of ethical exchange (2). Attributes like protecting patient autonomy, being well informed, involving patients in decision making, patience and calm are important for a good doctor-patient relationship (3). This also holds good for other healthcare professionals and administrative staff in the hospital with whom patients and their relatives interact.

If doctors, nurses or other staff members of the hospital are rude, overbearing or intimidating, it can be devastating for morale and safety of the patients (4). Patients and their families rarely express their grievances as they fear the consequences of going public. Instead they will discuss their dissatisfaction with their family members and friends and may also switch the physician treating them (5). Sometimes, however, things get out of hand and may result in verbal abuse and even physical assault of the hospital staff by the relatives of patients.

It is well known that many hospitals in our country, especially government hospitals, are overcrowded and understaffed. The doctor-patient ratio is low by global standards; recent estimates call for more than six lakh additional doctors to address the acute shortage of medical experts (6). With the increasing burden of patient load and work, there may be instances where healthcare personnel and patients have disagreements

which end up in untoward incidents. The staff have their own explanations for such altercations and in many instances they are right. But there is no justification for rude behaviour towards patients or their relatives.

In India, it is known that staff are often sensitive towards customers in the service sector, particularly in government hospitals. As a result, customers are turning to the private sector, though it is expensive. In public hospitals, the main reasons for continuing public dissatisfaction are a critical shortage of health personnel, prolonged absenteeism, poor working conditions, inadequate facilities, poor outreach, insensitivity to local needs and poor management and monitoring (7).

Some remedial measures possible in hospitals are:

1. Every hospital should have a code of conduct for staff with patients and their relatives.
2. All staff should be trained in communication skills, at the time of recruitment and on a continuing basis. Consultants and senior doctors should spend quality time with patients and their relatives and address their grievances. This will reduce patients' stress and help them make informed decisions.
3. Each department should have a helpdesk with information about the department and its services.
4. Volunteers should be recruited to help patients and relatives negotiate the hospital system.
5. Staff-patient interactions should be monitored regularly. Complaint registers should be available to patients/relatives to lodge their grievances. These should be acted upon. This can prevent grievances from developing into cases of medical negligence (8).

References

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